

ASSIGNMENT

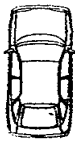
Surveyor:

KENNETH

DOI:

Date / Time : **26.04.2023**

Registered in Merimen:

Pre-assign / CCU / FTEInsured Vehicle No. : **SHA 3189U**Claim No. : **S3M04LYZ**Name of Insured : **COMFORT TRANSPORTATION PTE LTD**Policy No. : **P2478218**

Insured Tel No. : _____ HP: _____

Make / Model : _____

Excess Sec II :S\$D.O.A : **25/04/2023 07:20**Place of Accident : **KJE, Singapore**

Is driver the owner? (YES / NO)

Nature of Accident : _____

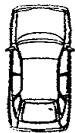
LAMP POST 343If **NO**, Driver Name / Age : **CHENG SOO LIANG**

OI GIA REPORT: YES / NO ; TP GIA REPORT: YES / NO

Driver Tel No. :

(V/L: YES / NO)

Insured Liability : %

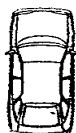
Final ? Yes / No**SMU 6027U**

INSRS:

WSP: **Thiam Heng**Tel : **Huat Pte Ltd**

Liability :

RMKS:



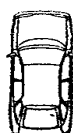
INSRS:

WSP:

Tel :

Liability :

RMKS:



INSRS:

WSP:

Tel :

Liability :

RMKS:



INSRS:

WSP:

Tel :

Liability :

RMKS:

Date/ Time

SMU 6027U - X

SMU 6027U - Reference Entry Date Customer Name Vehicle No. TP Vehicle No. Accident Date Close Date Created By
 CS/TMI13014486/M1vk3 16/08/2013 SHA 3189U SGK 9350P 05/08/2013 19/08/2013 CMJ
 NS/INC10020989/Fr1 27/01/2011 SHA 3189U GBA 2022U 15/10/2010 07/02/2011 TCT

STAGE**DATE / PIC**

Non-Reporting ltr (1st):

Non-Reporting ltr (2nd):

Non-Reporting ltr (Final):

Notification ltr (if non-pickup):

Call OI:

After call ltr to OI:

Documentation Check List: Handler Typist

Notification ltr (if non-pickup)

After call ltr to OI:

Authorisation To Act:

Release Voucher:

Final Repair Bill:

Car Rental Invoice:

Towing Invoice

LTA / GIA :

Medical Bill:

PIR:

Mandate/Reject Instruction:

LOD

Payment Breakdown Form:

Post-Repair Photos:

Others:

PRELIMINARY ADVICE Date/Time:

Sent By:

FINALIZATION

Date/Time:

Confirm with:

Confirm by:

Repair Cost:

S\$

(

days) Reduction:

%

Email

Call

FINAL SETTLEMENT

Date/Time:

Confirm with

Email

Call

Final Liability:

%

(Agreed / Assessed) BOLA S/N No. :

If NO or B 28, Ass. Lia :

Repair Cost:

S\$

Loss of Rental (LOR):

S\$

(

days)

Loss of Use (LOU):

S\$

(\$

x

days)

Loss of Income (LOI):

S\$

(\$

x

days)

LOR only ☐ LOU only ☐LOR + LOU ☐LOR + LOI ☐

[Tick only one]

GIA/LTA Search

S\$

Medical:

S\$

1) Claim status: Normal/Reject/Private Settle

Disbursement:

S\$

(e.g. Tow/ Independent)

2) Report Format:

Legal Cost

S\$

3) Survey fee:

Total:

S\$

Global Sum S\$:**FINAL PAYMENT**

Date/Time:

Confirm with:

Email

Call

Payee 1:

S\$

Name 1:

Payee 2: (Strike if N.A.)

S\$

Name 2:

Payee 3: (Strike if N.A.)

S\$

Name 3: